CDC *Vital Signs* Town Hall Teleconference on
Foodborne Illness: Common, Costly… Preventable
Q & A Transcript

June 14, 2011
2:00pm – 3:00pm EST

Kimberly Wilson: Thanks everyone for the excellent presentations. We're going to open the lines for questions in just a minute. And Dr. Henao will open our discussion with some initial thoughts and then we'll open the floor for your questions and comments. As a courtesy to everyone that's on the call we do ask that everyone please mute your phone by pressing star 6 when you're not talking. Operator, can you please open the lines now? Okay. Dr. Henao, would you like to open our discussion please?

Olga Henao: Yes. Thank you very much Kimberly. And so thank you again everyone for joining and for, you know, participating on this call. And as has been stated by the report, also by our speakers from the states, and in many of the things that have been published on this topic, foodborne illness is complex.

It is an issue that, you know, that each of our states at the local, you know, each of our agencies at the local, at the state and at the federal [level] will have to deal with. You know, doing surveillance for these infections is challenging. It's resource intensive.

There are issues that come at play—geography issues. There is variability within and between states. There are population differences that we must take into account. And a highlight of what was presented today is that in order to collect the information needed and to analyze it and to learn from it, your relationships are key. We need to be able to collect the information, to work together, to collect it, to look at it and then to disseminate what is learned.

Also, in addition to collecting information via surveillance, it's also important for us to understand what factors are associated with illness—and not only at a

national level but at the local level and at the state level—so that as our speakers pointed out, that interventions can be targeted appropriately.

Also we need to take into account challenges that come at us as we continue to work in this field. The whole issue with non-culture based testing and the effect that may be having on some of the patterns that we're seeing is very important. We want to know if what we're seeing is a true increase or a true decrease, and knowing what practices are changing is extremely important.

And so with that I would like to open up the floor to any questions that the group may have and—or to any sharing that you may want to do about challenges and experiences that you've had in your settings.

Man: Nobody has any questions. I've never had that African American delicacy with the pork intestines.

Man: What?

Man: I'm talking about some pork...

Kimberly Wilson: Hello?

Timothy Jones: Oh, I'm sorry. Someone's talking about pork intestines and didn't have their phone muted. Is there a question?

Kimberly Wilson: Is there a question?

Timothy Jones: I'm always happy to talk about pork guts.

Man: There you go… we can be encouraging.

Kimberly Wilson: Does anyone have any comments they wanted to add about their experiences with foodborne illness in their own jurisdictions?

Woman: I'm new to this particular type of venue and I was unable to find where the PowerPoint slides were available to me. Can I get some more direction on that because I missed the entire presentation?

Nitesh Parmar: This is Nitesh Parmar. I just sent an email out. We had some technical difficulties on our end so you should be receiving the PowerPoint slides momentarily.

Woman: Thank you.

Olga Henao: Something to add—this is Olga Henao—and for those who weren't able to see the presentations before and who are receiving them now, there is information—there is contact information on those slides for the speakers today. So if you have any questions for us, you know, please feel free to send those afterwards as well.

Kimberly Wilson: All right. Just, if you have muted your phone you can go ahead and unmute it to ask a question if you have one. It's star 6 to mute and to unmute.

(Lauretta Nagado): Hi. This is (Lauretta Nagado) from San Diego County Public Health Laboratory, in San Diego. Can you hear me?

Kimberly Wilson: Yes.

Timothy Jones: Yes, hi.

Kimberly Wilson: Yes, please go ahead.

(Lauretta Nagado): In San Diego, we do not do STEC [Shiga toxin-producing *E. coli*] screening by EIA [enzyme immunoassay]. However, a few of the labs around us, like reference labs like LabCorp or Quest, they are able to do STEC by EIA. So if they ever have a positive, what they do is submit to us a GN [gram-negative] broth and that broth, when submitted to public health, we culture it and try to isolate the *E. coli*. If it's not O157, then we try to isolate five colonies and send them to state for the STEC PCR [polymerase chain reaction] testing. And if they are food handlers, they are cleared by the same method they were detected and that is by EIA. So that's the way we do things in San Diego.

Timothy Jones: So—this is Tim Jones, maybe I can—Olga is it okay if I respond to that for a second?

Olga Henao: Yes. Please go ahead.

Timothy Jones: You know, I mean that's a great example and I think several things there. First of all, I think you're doing a very good thing and I would encourage other states to. I'd be curious to hear how many are.

But one of our responses in many of the FoodNet states to, you know, increasingly not having these isolates of O157 and getting these EIAs back is to require that if there's a positive non-culture test and the lab doesn't want to go and do the culture that's fine but they have to send us the broth so that we can culture it. It's really important. Sort of mixed success there but you're right. I mean in order to do PFGE [pulsed field gel electrophoresis] or any other kind of further testing or serotyping, then we've got to have the isolate.

I think the other thing though and this may make me unpopular with CDC because—and I know there are some very different perspectives on this—but, you know, one of them is just how do we handle—if all we get is the non-culture result, you know, all we get is an EIA that says it's Shiga toxin positive, you know, then what do we do? Do we count it? Do we not count it? And how do we respond at a state or local level?

And that's really kind of tricky. You know, there's not a lot published about how sensitive or specific these tests are. They're FDA-approved but I know, you know, there's a lot of suspicion that they're actually pretty lousy. CDC doesn't like them at all and we don't particularly either.

But, you know, the doctor thinks that the patient has it. The patient was told that. They're walking around thinking that they have it. And whether it's a perfect test or not, you know, we have to tell our local health departments to treat it as if it's real. They can't just blow it off and not investigate if they've got a piece of paper saying that the person has STEC even if it's not a perfect

test. So we've got all of that and yet those data aren't considered cases by CDC so they don't show up in our counts.

And, you know, that's really difficult. I think we're in a period where we're learning a lot about it, but it's something we're all going to have to come to grips with. I guess I'd be curious to hear what other states have to say.

I mean are there many states on the line, for example, that require broths or original specimens to be sent in if all they have is a non-culture Shiga toxin test come back?

Debra Gillis: This is Deb Gillis in California. So I'm sorry I didn't catch the name of the lab person in San Diego, but in California it's voluntary for *E. coli* because we've tried to get—or there's been an attempt to get the laws passed but they've not been successful so far. So right now it's purely voluntary.

Timothy Jones: I mean I can tell you, you know, for example if you look at what's going on in Germany right now that's a non-O157 STEC. So if we—presumably, you know, that was captured by non-culture methods. And, you know, we would have—could have completely missed it or at least the number of cases would have had to have been huge in order for us to, you know, decide to do more culture testing and find it. So...

Olga Henao: This is—Tim this is Olga and, you know, others on the call, I mean one thing sort of from the CDC perspective and looking at it, you know, this is an issue that, you know, this is, you know, our reality now. And that these non-culture tests, you know, are coming along and they are having an effect.

And, you know, it's requiring us to really look at our information closely on what we collect and how we define a case as to what is counted and what is not counted because we do know, you know, we sense it has an effect and we know that in the future as these become more common, you know, it's definitely going to place—it's definitely going to affect what we're looking at.

Timothy Jones: I think the challenge there is that, you know, if all we do is report our culture positive O157's going to look like the number is going down. So I think at some point, and obviously I mean we agree on this, but at some point we're going to also have to deal with the increasing number of positive non-culture tests and explaining that publicly to people that don't do this every day. You know, it's kind of difficult.

Olga Henao: I agree.

(Yaer): I have a question.

Kimberly Wilson: Go ahead.

(Yaer): Hello?

Kimberly Wilson: Yes. Please go ahead and ask your question.

(Yaer): Oh, okay, yes. This is (Yaer) from California in Fresno County. This is just a - not well - I just - I'm just curious. So for non-culture tests, say like a GN broth for E. coli, how old can the broth be and for the PCR testing to still be reliable for detecting the Shiga toxin gene?

Debra Gillis: This is Debra Gillis from California. I think we need to refer your question to our microbial diseases lab. They can advise you.

Olga Henao: And we'll be happy to refer it to the CDC labs as well if you send us the information.

(Yaer): Okay, yes. I was just curious. That's all.

Timothy Jones: It's obviously though—I mean it's going to be a lot longer for PCR than it is if you're trying to culture it, which is often what we—basically what we do with it here in Tennessee.

(Yaer): Thank you.

(Lauretta Nagado): Also those—this is (Lauretta) from San Diego—PCR, do you really need, you know, usually if we send a GN broth to the state it's about five to seven days old. But do you really need a live *E. coli* for PCR? I thought you could detect it either dead or alive. So, you know, maybe being alive is not a problem when it comes to PCR.

(Yaer): This is (Yaer) again from Fresno County. I was just curious if, you know, if the organism being in broth for so long if they wouldn't lose the plasmid.

Olga Henao: I think again it's one of the things that—one of the people that we don't have on our call today are our lab partners and to work through some of the issues.

If you refer these questions or send these questions forward to the OSTLTS group or to us, we'll be happy to refer you to the appropriate person to have those discussions with.

Kimberly Wilson: Yes and again we do have a feedback box and that link is on the last slide of the presentation and it's also on the website that we gave the URL for earlier. And so any of these questions that you have that you want to refer forward for later, you can also submit them to the feedback box and we'll make sure they get routed to the correct people.

Tommy: This is Tommy in San Antonio. Have any of the speakers had any success in using any of the commercially available syndromic systems that are out there for detecting foodborne illness?

Sarah Lathrop: We haven't here in New Mexico, no.

Timothy Jones: Nor have we in Tennessee. And I think that only confirms my bad attitude about syndromic surveillance in general, but I'm not aware of any nationally that have been detected—I mean in any other states either.

Dana Pitts: And we haven't—we're not aware of any either here at CDC.

Sarah Lathrop: We did try here in New Mexico using calls to a nurse advice hotline during the *Salmonella* Saintpaul outbreak to see if we could associate that with visits

to doctors for foodborne illness. And there is absolutely no association whatsoever.

Timothy Jones: And even that was retrospective, right? I mean you already knew there was an outbreak.

Sarah Lathrop: Right. Right. So we just took a look at the data to see if there was anything worth pursuing prospectively and there was nothing.

Olga Henao: Sort of a little bit different from the question that was asked, but one of the things that we have been looking at some of the commercially available national data sets [for] is to get an idea of sort of what types of foods are consumed on a regular basis so that as we investigate outbreaks we have an idea of whether the consumption matters we're seeing for an outbreak may differ from what we traditionally would expect.

Kimberly Wilson: And do we have any other questions on the line? Please feel free to go ahead and contribute your questions or comments to the discussion.

Debra Gillis: Well this is Deb Gillis. I just wanted to comment that I enjoyed the presentations and Tim, I especially—I thought that was a great example of how you pinned down the relationship with the chitlins and the *Yersinia*. It's a great example of the usefulness of really taking a look at the data in a very careful way.

Timothy Jones: Thank you. I'm from California. First I had to look up what a chitlin was.

Debra Gillis: Well I'm from Tennessee.

Timothy Jones: Oh.

Tommy: This is Tommy from San Antonio again. Regarding chitlins do you, say in December now, do you routinely—do you have a local lab that may routinely sample any of those chitlins and actually try to do a macro work up on anything?

Timothy Jones: That's a good question. We don't. I'm almost afraid what we would find out. During one of the outbreaks, when we actually did culturing and the outbreak didn't seem like it was associated with a particular brand, so we just kind of tested a bunch of them. We actually never found the outbreak strain, but we found a bunch of other stuff. We found *Salmonella* and some *Yersinia* strains that were, you know, had different patterns. So clearly it's a very non-sterile food even though they actually—they're, you know, white and well-packaged and you can see how people would think they're pretty safe. So it's a good suggestion. We don't routinely do it, but I don't know if anyone from Georgia is on—they've had a similar problem and I know they've been pretty aggressive about their education. They might have something to say.

Olga Henao: This is Olga Henao again from FoodNet. And one of the things that, you know, we want to highlight and some of the things that were highlighted during the presentations is, you know, the importance of really looking at information in more detail and going more in depth about what, you know, what we see with regard to this. Not only sort of at the—not only at the national but also going in more depth, you know, with regard to some of the state-specific information and so on.

One of the things that we have done in addition to the report and the related materials with the report is that we do have a set of additional tables and additional information that are collected through FoodNet that are available on the FoodNet website, which is www.CDC.gov/FoodNet. And that goes into more detail about some of the state-to-state variation that there is with some of our pathogens. Also we have information on there about studies that we've done on a FoodNet-wide level about food consumption practices and healthcare seeking behaviors and so on.

Kimberly Wilson: Okay. Does anyone else want to share any comments or questions at the end of the call?

Brenda Elrod: Hello. It's Brenda Elrod with the Northeast Texas Public Health District.

Kimberly Wilson: Go ahead Brenda.

Brenda Elrod: The question is on sampling of foods and people—food workers that might be sick at the regional health level. Is there a process where those samples can be sent up the chain of command to get them tested either at regional or state laboratories or CDC?

Woman: This has been a real fiasco.

Timothy Jones: I'm sorry. We can't hear you.

Brenda Elrod: Oh, I'm sorry. We had a *Clostridium perfringen* outbreak and we were trying to submit samples of food and stool specimens and we were kind of hitting a wall on how we could make that happen.

Woman: ...alternate time to activate this.

Kimberly Wilson: Excuse me. Is someone speaking who isn't talking on the call please mute your lines except for the people who are actually asking questions right now? Thank you. All right, did anyone have a reply or a comment in response to Brenda's question?

Olga Henao: This is Olga Henao and this is something that definitely would, you know, could be taken through the Texas Department of Health. And then, you know, as needed the Texas state health department could ask for support for any testing or things that needed to take place. But the first request would need to go through the state health department from the local district or the county level to the state and then from there.

Brenda Elrod: Okay, thank you.

Olga Henao: You're welcome.

Tommy: Brenda this is Tommy in San Antonio. Typically too, you need to touch base with the laboratory services section there at Department of State Health Services. And the lab should be able to help you. They usually welcome those

kinds of specimens if you have already isolated the *Clostridium*. They typically will work directly with you to get those samples in.

Brenda Elrod: Yes. That's what we were having trouble with, was the isolation of the *Clostridium* and the stool specimens first to then be tracked to the food. So we got the stool but by the end the food really wasn't viable for testing.

Tommy: Yes. In that case you'd probably have to find either a private lab or, I don't know, Fort Worth or one of those labs might be able to do anaerobes and isolate *Clostridium*. But yes that - those are a little tougher to isolate.

Brenda Elrod: Thanks.

Kimberly Wilson: All right. One last chance for any questions before we wrap up—speak now or hold your peace until you send an email later.

Well we've reached the end of our time slot for today. Before we close you should have received the PowerPoint slides in an email.

On the next to last slide in that PowerPoint presentation there are a number of links that you can use to help you integrate *Vital Signs* into your website and social media channels for free: become a fan on Facebook, follow us on Twitter, you can syndicate *Vital Signs* content so that we'll automatically appear and update on your website, and you can download interactive buttons and banners to use on your own site.

On the last slide there is a link for you to email us your feedback and we really do want to hear your feedback to use in planning future teleconferences. It's also got the date and information for next month's teleconference.

We'd like to thank everybody for joining us today, especially our speakers, Dana Pitts and Drs. Olga Henao, Sarah Lathrop and Timothy Jones and everyone who participated in this call today.

Please join us again next month on July 12th to discuss colorectal cancer screening and prevention. Thank you.